

ATTACHMENT

C

FORM #584

Medical

GRIEVANCE FORMFACILITY: D.C.C.DATE: Oct. 7, 2004GRIEVANT'S NAME: Harry SamuelSBI#: 00201360CASE#: 7953TIME OF INCIDENT: Sept 5, 2004HOUSING UNIT: 21B9L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a Sick Call Slip (form) in the Sick Call box on Sept. 7, 2004.

Sgt. Sullivan gave me the Sick Call form after I reported my dental problem to him. I put in two other Sick Calls for this matter and my problem is my filling is out and I got a big hole in my tooth. If not treated I will loose my tooth. ALSO the warden forward

a letter to have braces to fix my front teeth its been years the dentist didnt call yet

* The reason I am submitting this grievance is because it has been a month and I havent seen the dentist in a month sence my request (Sick call was put in). The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

ACTION REQUESTED BY GRIEVANT: to have my tooth fill in by the dentist soon before I loose my tooth and to have my front teeth Braced like the warden said he notified the dentist Supervisor to take action.

GRIEVANT'S SIGNATURE: Harry SamuelDATE: Oct. 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED?

____ (YES)

____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

RECEIVED

OCT 22 2004

Inmate Grievance Office

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 09/21/2006

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forward a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested : To have my tooth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 10/22/2004
Investigation Sent : 10/22/2004	Investigation Sent To : Wolken, Gina
Grievance Amount :	

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Date: 09/21/2006

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom	

INFORMAL RESOLUTION**Investigator Name :** Wolken, Gina**Date of Report :** 10/22/2004**Investigation Report :** Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.**Reason for Referring:****Offender's Signature:** _____**Date :** _____**Witness (Officer) :** _____

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GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom	

IGC

Medical Provider:**Date Assigned****Comments:**☒ Forward to MGC☐ Warden Notified☐ Forward to RGC**Date Forwarded to RGC/MGC :** 12/03/2004☒ Offender Signature Captured**Date Offender Signed :**

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Date: 09/21/2006

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom	

APPEAL REQUEST

No appeal returned

REMEDY REQUEST

DCC Delaware Correctional Center
Smyrna Landing Road
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Phone No. 302-653-9261

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION		
Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom	
REFERRED TO		
Due Date :	Referred to:	Name:
Type of Information Requested :		
DECISION		
Date Received : 02/22/2005		
Decision Date : 03/17/2005		Vote : Uphold
Comments :		
I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.		

DCC Document 93-4
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION			
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Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom		
DECISION			
Decision Date: 06/20/2005		Vote : Uphold	
Comments : I concur with the recommendation of the BGO.			

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GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L
 Grievance # : 7953
 Status : Resolved
 Grievance Type: Health Issue (Medical)
 IGC : Merson, Lise M

SBI# : 00201360 Institution : DCC
 Grievance Date : 10/07/2004 Category : Individual
 Resolution Status: Level 3 Inmate Status :
 Incident Date : 09/05/2004 Incident Time :
 Housing Location : Bldg 23, Upper, Tier B, Cell 2, Bottom

MGC

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Hearing held 2/15/05
 You were seen by the dentist and are on the waiting list for a filling.
 Appeal form provided.